BEST AVAILABLE COPY

									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									(0803484						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTIT	Υ	OR		R THAN ENTITY		
TOTAL CLAIMS								RATE	F	ΕE	7	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 38	5.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			90 minus 20=		* Cf			X\$ 9=			OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 =		* /	* /		X43=			1	X86=			
ML	JLTIPLE DEPE	NDENT CLAIM P			(+-		OR					
+ 14			less than a	oro ontor	"O" in	ooluma 2	į	+145=			OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	- [OR	TOTAL	L		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column								SMALI	L ENTI	TY	OR	OTHER SMALL			
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER JUSLY	PRESENT . EXTRA		RATE	AD TION FE	DI- NAL		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=			
	Independent	*	Minus	***		=	ŀ	X43=	1		OR	X86=			
٨	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT	CLAIM			4 4 5	 			+290=			
							L	+145=			OR	TOTAL	·		
									L	لـــــ	OR,	ADDIT. FEE			
MENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIO PAID F	ST ER USLY	(Column 3) PRESENT EXTRA		RATE	ADI TION FE	IAL	- [RATE	ADDI- TIONAL FEE		
2	Total	*	Minus	**		=		X\$ 9=		ı	OR	X\$18=			
	Independent	*	Minus	***		=	Ī	X43=			OR	X86=			
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT	CLAIM		1	+145=		\neg	OR	+290=			
							L	TOTAL				TOTAL DDIT. FEE			
(Column 1) (Column 2) (Column 3)								DD11.1 CL			•				
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADD TION. FEE	AL		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		(OR	X\$18=			
	Independent		Minus	***		=		X43=			OR	X86=			
4	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT (CLAIM		-	+145=			OR	+290=			
* If ** If	the entry in colur the "Highest Nun	nn 1 is less than the nber Previously Pai	e entry in colu d For" IN THIS	mn 2, write "0 S SPACE is I	0" in colu ess than	umn 3. i 20, enter "20."	L AD	TOTAL DIT. FEE			L OR _{Al}	TOTAL DDIT. FEE			

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.